

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET 10 (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILED DATE				
							/ 53450						
							APPLICANT						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DEP.		↓	1	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL DEP.		←	3	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS		4					TOTAL CLAIMS						